

SECTION IX. INDUSTRIAL SECURITY FORMSPart 1. GENERAL

9-100 Application and Index of Forms. The purpose of this part is to list and explain the purpose of forms prescribed for use in the DoD Industrial Security Program. **Six** of the listed forms (DD Forms 374, 555, and 696; DIS Forms 553 and 1148) are exhibited in part 2. All other **listed** forms are exhibited in the **ISM** or supplements thereto. These forms **shall** not be used for any purpose or in any other manner except as provided for in this regulation or for training purposes.

a. DD Form 48. "Department of Defense Personnel Security Questionnaire (**Industrial-NAC**)" -- this form is used to obtain SECRET clearances for employees who are U.S. citizens.

b. DD Form 48-2. "Application and Authorization for Access to CONFIDENTIAL Information (Industrial)" -- this form is utilized by contractors to obtain the data necessary as the basis for granting a CONFIDENTIAL clearance to a U.S. citizen employee.

c. DD Form 48-3. "Department of Defense Personnel Security Questionnaire (Updating)" -- this form is used to obtain current and updating personal data needed to process a clearance action when **an individual** with a **PCL** is transferring employment from one contractor to another contractor within a 12-month period and requires a PCL **in** his or her new employment. It also is used in converting a UA clearance to an industrial PCL.

d. DD Form 49. "Department of Defense Personnel Security Questionnaire (Industrial)" -- this form shall be used **in** making application for:

- (1) a U.S. citizen being considered for a TOP SECRET PCL,
- (2) a U.S. citizen being considered for any level of clearance when the individual advises he or she is a representative **of** a foreign interest,
- (3) a U.S. citizen who has relatives or relatives of his or her spouse who are residing in Communist countries,
- (4) an immigrant alien being considered for a PCL, and
- (5) a citizen of a country with which the U.S. has entered into a reciprocal agreement who is being processed for a reciprocal clearance.

e. DD Form 254. "DoD Contract Security Classification Specification" -- this form, including attachments and supplements, as applicable, is the basic document by **which** classification, regrading, and declassification specifications are documented and provided to prime and subcontractors.

f. FD Form 258. "Applicant Fingerprint Card" -- this form is completed for all personnel being considered for a PCL, an overseas security eligibility determination, or a reciprocal clearance.

g. DOE Form F 5631.20. "Request for Visit or Access Approval" -- this form **is** listed for information purposes. It is used for processing visits involving access to RESTRICTED DATA. Copies of this form may be obtained from the DOE.

h. DD Form 374. "Facility Security Clearance Survey" -- this survey form is completed by the CSO as a prerequisite to granting a FCL.

i. DIS FL 381-R. "Letter of Notification of Facility Clearance" -- this letter is prescribed for use by a **CSO** to notify a facility that it has been granted a FCL.

j. DD Form 441. "Department of Defense Security Agreement" -- this form **is** prescribed **for** use by the CSO in obtaining the formal agreement of management of a facility to abide by the DoD **ISM** (attachment to **DD Form 441**).

k. DD Form 441-1. "Appendage to Department of Defense Security Agreement" -- the **DD Form 441-1** is used when management desires to indicate multiple facility coverage with one "Department of Defense Security Agreement." After a **DD Form 441** has been properly executed, a contractor may use the **DD Form 441-1** to accomplish additions, **deletions**, or changes in the branches or facilities included in and covered by the original **DD Form 441**.

l. DD Form 441s. "Certificate Pertaining to Foreign Interests" -- this form is prescribed for use by the CSO in obtaining a formal certification from the contractor relative to FOCI.

m. DISCO Form 482. "Security Briefing and Termination Statements (**Industrial Personnel**)" -- this is a two-part form prescribed for use by employees of contractors. Part I shall be executed by employees following their initial security briefings and prior to being granted access to classified information. Part **II** shall be executed by employees during their termination proceedings.

n. DIS Form 553. "Central Index File Card-Facility" -- this **form** shall be used by the CSO to report FCL actions to DISCO.

o. DD Form 555. "Central Index **File** Request" -- this form is prescribed for use by activities of **UA's** in requesting information concerning the PCL status of contractor personnel.

p" Reserved.

q. DISCO Form 562. "Personnel Security Clearance Change **Notifi-**cation" -- this multipurpose form is used by contractors to report clearance transfers, reemployment of cleared personnel, change of **name**, termination of employment, or administrative termination of **clearances**.

r. DD Form 696. "Industrial **Security** Inspection Report" -- the purpose of this report **is** to provide for uniform and comprehensive reporting of results of security inspections of facilities conducted to determine contractor compliance with the requirements of the **ISM** and such additional security requirements as may be provided for by individual contracts.

a. Reserved.

t. DISCO Form 703. This form is an envelope which is preaddressed to DISCO and used for submitting **DD** Forms 48, 48-3, and 49 to DISCO. It enables a clearance applicant to put the forms containing privileged information into **the** envelope and seal it.

u. DISCO Form 704. This form is a prepaid-postage envelope used for submitting **DD** Forms 48, 48-3, and 49 to the CSO in **OODEP** cases. Contractors are required to address the envelopes to their **CSO's**.

v. Reserved.

w. DIS Form 1148. "Industrial Security **Survey/Inspection** Report (**Commercial Carrier**)". (see paragraph 4-106 for additional information) -- the purpose of part I of this report **is** to: develop sufficient facts to permit an administrative determination to grant or deny a security clearance to a commercial carrier; develop information concerning changed conditions, such as a change of address or reorganization; and determine whether the HOF of **the commercial** carrier is subject to FOCI factors. The purpose of part II of the report is to provide for uniform and comprehensive security inspections of commercial carriers to determine compliance with the requirements of reference (b).

x. DIS Form 1149. "Department of Defense Transportation Security Agreement" -- this form is prescribed for use by the CSO in obtaining the formal agreement of management of the HOF of the commercial carrier to abide by reference (b).

y. DIS Form 1150. "Appendage to Department of Defense Transportation Security Agreement" -- this appendage will be used by management of the HOF of the carrier to indicate those terminals covered by the DIS Form 1149 and **DD** Form 441s. Once executed, the HOF of the carrier will use the **DIS** Form 1150 to accomplish additions, deletions, or changes **in** the terminals included in and covered by the **DIS** Form 1149.

z. DD Form 1540. "Registration for Scientific and Technical Information Services" -- this form is used to establish a requirement for the **services** of **DTIC** and should be submitted to that office.

aa. DD Form 1541. "Facility Clearance Register" -- this form replaces the **DTIC** Form 62 and is to be used for the purpose of certifying the FCL and safeguarding ability of a contractor to the **DTIC**.

bb. Letter Agreement to Safeguard Classified Information for an Employee Performing Consultant Services. This agreement shall be prepared and executed by contractors if **they agree to** accept responsibility for **safe-** guarding classified information released to their employees who are furnishing consultant services.

cc. Letter of Notification of Facility Security Clearance for a Commercial Carrier. This letter is prescribed for use **by** a CSO to notify a , carrier facility (**HOF** or terminal) that it has been granted a **FCL**.

Part 2. EXHIBITS OF FORMS

9-200 Purpose. The purpose of this section is to describe and exhibit those industrial security forma which are not exhibited in the ISM or its supplements on **COMSEC** and commercial carriers, (see references (a), (b), and (q)).

<u>Form No.</u>	<u>Title</u>	<u>Para.</u>
DD Form 374	"Facility Security Clearance Survey "	9-201
DIS Form 553	"Central Index File Card-Facility"	9-202
DD Form 555 "	"Central Index File Request"	9-203
DD Form 696	"Industrial Security Inspection Report"	9-204
DIS Form 1148	"Industrial Security Survey/Inspection Report (Commercial Carrier)"	9-206-

9-201 "Facility Security Clearance **Survey**" (DD Form 374). The purpose of this **survey is** to determine that the facility is capable of properly safeguarding classified information for **precontract negotiations**, and that management at **the facility is fully** cognizant of the responsibilities involved in the safe-guarding of classified information. This survey **shall** be completed by the **CSO** as a prerequisite to granting the FCL. A survey is also conducted when a cleared facility's physical location changes.

SAMPLE

DEPARTMENT OF DEFENSE FACILITY SECURITY CLEARANCE SURVEY		DATE	FORM APPROVED OMB NO. 0704-0009 UC? DATE: MAR 1984
See Instructions on Reverse Side			
1. NAME OF SPECIFIC FACILITY & CIW SURVEYED		STREET ADDRESS, CITY AND STATE	
2. NAME OF COMPANY OPERATING THE FACILITY		STREET ADDRESS, CITY AND STATE	
3. NAME OF & AN CNT ORGANIZATION		STREET ADDRESS, CITY AND & A T c	
4. NAME AND OFFICIAL TITLE OF PERSON RESPONSIBLE FOR SECURITY AT THE FACILITY		5. DATE COMPANY ORGANIZED	
6. HAS THE FACILITY OR ITS & ARCNT ORGANIZATION EXECUTED A CERTIFICATE & CRTAMMMS TO FOREIGN AFFILIATION (DD Form 441a)? <input type="checkbox"/> YES <input type="checkbox"/> NO		7. WHAT IS THE APPROXIMATE & CmCCNTAOC OF THE FACILITY'S EMPLOYEES WHO ARE FOREIGN & AT IONAU OR IMMIGRANT ALIENS? _____%	
8. INDICATE HIGHEST CLASSIFICATION OF INFORMATION FACILITY IS PHYSICALLY EQUIPPED TO SAFEGUARD FOR PRECONTRACT NEGOTIATIONS. <input type="checkbox"/> TOP SECRET <input type="checkbox"/> SECRET <input type="checkbox"/> CONFIDENTIAL <input type="checkbox"/> NONE			
9. REMARKS (Explain any entries which require clarification. Include those corrective measures that must be accomplished and maintained to safeguard classified information of the same category as that of the facility security clearance being processed. Include any additional observations which from a security standpoint may affect granting the facility security clearance.) (If more space is required attach additional sheet)			
COGNIZANT SECURITY OFFICE MAKING SURVEY		ADDRESS	
TYPED NAME AND TITLE OF OFFICIAL MAKING SURVEY		SIGNATURE	

SAMPLE

INSTRUCTIONS

This form is to be completed following a survey of the facility by a representative of the DIS assigned security cognizance of the facility. Its purpose is to: (1) determine the ability of the facility physically to safeguard classified information of the category involved in the clearance of the facility; (2) serve as a basis for advising management of the facility of those corrective measures that must be accomplished and maintained to safeguard classified information of the same category as that of the facility security clearance being processed; (3) Ascertain that DD Form 441s has been

To the extent possible, information required on this form should be obtained as a result of observation by the representative of the cognizant security office. Some of this information will, of necessity, be obtained in conference with plant executives.

Where information cannot be fully recorded in the space provided on this form, a blank sheet of paper should be used and attached to the form and properly referenced by item number.

This form will be classified only when it contains classified information.

Explanation of Items:

1. Enter the name, number or other designation of the specific facility being examined and the facility's street address for purpose of indicating the exact physical location.

2. Enter the name and address of the company operating the facility, if such exists. If this is the same as Item 1, indicate "same".

3. Enter the name and address of the parent or home office organization, if such exists.

4. Enter the name and title of the official designated by company management to be responsible for safeguarding classified information.

5. Refer to the operating company (i.e., company identified in Item 2).

6. Indicate by check mark whether or not the company or parent or home office organization has executed a Certificate Pertaining to Foreign Affiliation (DD Form 441s).

7. Self-explanatory.

8. Evaluate the ability of the facility to safeguard classified information, and check the appropriate box to indicate the highest classification of information the facility is physically equipped to safeguard for precontract negotiations. This evaluation should be based upon the requirements for storage of classified security matter contained in the Department of Defense "Industrial Security Manual for Safeguarding Classified Information. (DD 441 attachment)".

DISTRIBUTION

1. Original to Central Index File.

2. Copy to the cognizant security office granting facility security clearance.

3. Copy to procuring activity requesting the facility security clearance (if appropriate).

4. Headquarters of the User Agency distribution is optional.

5. Copy to facility is not required.

9-202 **"Central Index File Card-Facility"** (DIS Form 553). This form shall be used by the **CSO** to report FCL actions to DISCO. The original of the form shall be retained in the CSO and one copy will be sent to the DTIC when appropriate. When the FCL action being reported is pending or interim in nature, the DIS Form 553 shall clearly indicate that fact. Illegible, incomplete, or incorrectly executed forms shall be returned to the originating activity for correction. Letters of transmittal are **not** required with the submission of **DIS** Form 553.

9-202.1 **Checklist for the Preparation of DIS Form 553.** In order to obtain **maximum** utilization of the information contained on **DIS** Form 553, and to provide for clarity of reproduction, **only black** ink or black type shall be used in preparing the original of these forms. DISCO may return these forms if a color other than black is used.

a. Item 1. Enter the name or other designation of the specific facility being cleared.

b. Item 1a. Enter the exact mailing address for the facility.

c. Item 2. Enter the level of clearance granted. If pending actions is being reported, strike out the word **"granted"** in the **title** of **item 2**, and insert the words "in process for" in the **block**, followed by the level of clearance being processed. If the facility has been granted or is in process for a FCL under a reciprocal agreement, the phrase "(country) RECI-PROCAL," as appropriate, shall be entered **in** this block in capital letters, following the level of clearance granted or being processed.

d. item 2a. Enter the date clearance was granted. If in process, leave block blank.

e. Item 3. Enter the physical address of the facility (street number, city, state, or highway and location thereon, district, town, or county, and state), **if** different from the mailing address.

f. Item 4. Enter the name of the HOF, **if** the facility identified **in** block 1 is part of a **MFO**. If none exists, insert "None" and leave items 4a, 5, 5a, and 6 blank.

13" Item 4a. Enter the exact mailing address of the **HOF**.

h. Item 5. Enter the level of clearance granted the HOF. If pending action is being reported, strike out **the** word "granted" in the **title** of **item 5**, and insert the words "in process for" in the block, followed by the level of clearance being processed. If the facility has been granted or is in process for a reciprocal FCL, the appropriate phrase **shall** be entered in this block in capital letters, following the level of clearance granted or being processed. If the HOF is located in another region, inquiry must be made of the appropriate region to obtain the data required.

i. Item 5a. Enter the date clearance was granted. If in process, leave block blank.

j. Item 6. Enter the " exact physical address of the **HOF**, if different from the mailing address.

k. Item 7. Enter the exact name of the parent organization, if such exists. If none exists, insert "None" and leave items 7a, **8**, **8a**, and 9 blank.

l. Item 7a. Enter the exact mailing address of the parent organization.

m. Item 8. Enter the level of clearance granted the parent organization. If pending action is **being** reported, "strike out the word "granted" in the title of item 8, and insert the words "in process for" **in** the block, followed by the level of clearance being processed. If the parent organization has been granted or **is in** process for a reciprocal FCL, the appropriate phrase shall be entered in **this** block in capital letters, following the level of clearance granted or **being** processed. **If** the organization **is** excluded from access to all classified information to be released to the subsidiary, in accordance with the provisions of paragraph 2-104, insert the **words**, "Excluded from access," followed by the date the certificate of exclusion was submitted. If granted a clearance, but excluded from access to a higher category of information to be released to the subsidiary, enter the level of clearance granted, followed by the phrase, "Excluded from access to (enter appropriate category)," followed **by** the date certificate of exclusion was submitted. **If** the **parent is** located in-another region, inquiry must be made of the appropriate **region** to obtain the data required.

n. Item 8a. Enter the date the FCL was granted. If in process, leave block blank.

o. Item 9. Enter the exact physical address of the parent **organization, if** different from mailing address.

p. Item 10. Check the appropriate box to indicate the type of action being reported. See examples below.

(1) When reporting a FCL action for the first time, check the box to indicate "initial card."

(2) If a DIS **Form** 553 is **on file** at DISCO, check the box to indicate the card supersedes **DIS Form** 553 previously submitted, and **insert** the date of previous card.

(3) When submitting a "pending" **DIS Form** 553, due to a **change** of name or physical location of a facility which has been previously granted a clearance, and processing to current status is **still in** progress, check the box to indicate initial card, and **include** in **block 11** of the form a cross reference, by name and address, to the existing **DIS Form** 553 at DISCO and the specific reason for submission. When processing to current status is completed, a **final DIS Form** 553 **shall be** submitted to **DISCO**, superseding the previous "pending" **DIS Form** 553. **Include in block** 11 of the form an identical cross reference, by name and address; to the **DIS Form** 553 which was in DISCO before processing was initiated. This **will** ensure that DISCO **will** remove both of the existing **DIS Forms** 553 from it-s files.

(4) When submitting a DIS Form 553 due to a change of mailing **address**, where the physical location of a facility which has been previously cleared remains the same and It is possible to complete the processing to current status by following the provisions of paragraph **2-118c(2)**, a DIS Form 553, superseding the previous **DIS** Form 553 on file, shall be submitted. The reason for submission shall be set forth in block 11.

q. Item 11. A qualifying statement pertaining to action taken in accordance with the provisions of **this** regulation shall be entered in this block, if such conditions -exists. In addition, this block shall be used to set forth necessary cross reference to existing **DIS** Form 553 at DISCO when required (see **items 9-202.1p(3)** and (4)).

r. Item 12. Self-explanatory

s. Item 12a. Self-explanatory

t. Item 12b. Insert date form **is** submitted.

u. Item 12c. Insert the appropriate numerical code number which identifies the **CSO** submitting the form.

(1) Termination of Facility Security Clearance. When **conditions** occur in a facility which permit administrative termination of the FCL, a DIS Form 553, with all available information recorded thereon, shall be submitted to DISCO, with a duplicate copy to **DTIC**, if appropriate. The reason for submission shall be set forth in item 11.

(2) Invalidation of Facility Security Clearance. When changed conditions occur in a facility which require invalidation of the FCL, a **DIS** Form 553, with all available information recorded thereon, shall be submitted to DISCO with a duplicate copy sent to **DTIC**, if appropriate. The reason for submission shall be set forth in item 11.

SAMPLE

1. FACILITY GRANTED CLEARANCE		1A. MAILING ADDRESS (Include ZIP Code)	
2. CATEGORY OF CLEARANCE GRANTED	2A. DATE CLEARED	3. LOCATION (If different from 1a)	
4. HOME OFFICE		4A. MAILING ADDRESS (Include ZIP Code)	
5. CATEGORY OF CLEARANCE GRANTED	5A. DATE CLEARED	6. LOCATION (If different from 4a)	
7. PARENT ORGANIZATION		7A. MAILING ADDRESS (Include ZIP Code)	
8. CATEGORY OF CLEARANCE GRANTED	8A. DATE CLEARED	8. LOCATION (If different from 7a)	
10. <input type="checkbox"/> INITIAL CARD <input type="checkbox"/> THIS CARD SUPERSEDES "CENTRAL INDEX FILE CARD FACILITY" SUBMITTED ON (Date) _____			
11. REMARKS			
12. TYPED NAME AND TITLE OF OFFICIAL SUBMITTING CARD	12A. SIGNATURE	12B. DATE FORM SUBMITTED	12C. <input type="checkbox"/> Y S _
DIS Form 553 Oct 83		Replaces DIS Form 553, Jan 81, which is obsolete.	
CENTRAL INDEX FILE CARD - FACILITY			

9-203 "Central Index **File** Request" (DD Form 555). This form is. prescribed for use by activities of **UA's** in requesting information concerning the PCL status of contractor personnel. Users of this form shall ensure that the individual about whom information is requested is identified correctly. Requests for information about individuals will be sent to DISCO, **P.O.** Box 2499, Columbus, Ohio 43216. - Requests concerning facilities will be sent to the CSO in which the facility **is** located. The format **of** this form **is** designed for use with window envelopes. Return address must be placed in the lower left corner of the form. Letters of transmittal are not required.

9-203.1 Checklist for Preparation of DD Form 555.

a. The following items shall be completed by the requester.

(1) Item 1. Self-explanatory

(2) Item 2. Enter the **full** name of the person concerned.

(3) Item 3. **Self-explanatory**

(4) Item 4. Enter day, month, and year.

(5) Item 5. Enter city and state, if born in U.S., or city and country, if foreign born.

(6) Item 6. Enter country of current citizenship.

(7) Item 7. Self-explanatory

(8) Item 8. Enter street number, city, and state.

(9) Item 9. Enter sufficient information to fully identify the exact facility where the individual concerned **is** employed.

(10) Item 10. Enter the complete street and address, city, and state **of** the facility.

(11) Item 11. If necessary, give any additional information or explanatory remarks pertinent to the individual.

(12) Item 12. Indicate by a check mark in the box if need exists **for** a reproduced copy of the completed form.

(13) Item 13. Type the name and position or rank of the official requesting the check.

(14) Item 14. The requester will fill in the address of official or agency requiring the information, within the block **"To:"** - this may be the same or different address than the requester. **Zip** code shall be included in the address.

b. The following items shall be completed by DISCO.

(1) Item 15. No record will be indicated in the appropriate box if such is the case.

(2) Item 16. Initials will be entered in the appropriate box by the **individuals at DISCO** who are furnishing the information.

SAMPLE

CENTRAL INDEX FILE REQUEST			DATE
FROM:		TO: DEFENSE INVESTIGATIVE SERVICE DEFENSE INDUSTRIAL SECURITY CLEARANCE OFFICE P. O. BOX 2400 COLUMBUS, OH 43216	
REQUEST THAT A CHECK <input checked="" type="checkbox"/> MADE OF THE <input type="checkbox"/> CONNS OF CENTRAL INDEX FILE OF THE <input checked="" type="checkbox"/> CN, OW NAMED BELOW:			
PERSON			
NAME: LAST, <input checked="" type="checkbox"/> Imsv. MIDDLE		3. ANY OTHER <input type="checkbox"/> AMFS BY WHICH KNOWN (Maiden or Alias)	
4. DATE OF BIRTH	5. PLACE OF BIRTH	6. CITIZEN OF	7. SOCIAL SECURITY NUMBER
8. RESIDENCE (Present address, including Zip Code)			
9. EMPLOYER		10. LOCATION OF PLANT WHERE EMPLOYED (Complete address)	
11. REMARKS			
2. REQUEST THAT A COPY OF DISCO FORM 560 BE FURNISHED			
3. TYPED NAME, GRADE/RANK AND TITLE OF OFFICER REQUESTING CHECK		SIGNATURE	
4. RETURN ADDRESS, INCLUDING ZIP CODE (To be completed by Requester)		12. RESULTS OF CHECK <input type="checkbox"/> NO RECORD <input type="checkbox"/> DISCO FORM 560 FURNISHED	
TO: L		1 J	
		5. FOR THE CENTRAL INDEX FILE INITIALS	

9-204 "Industrial Security Inspection Report" (DD Form 696) . The purpose of the report **is** to provide for uniform **and** comprehensive facility inspection reports to determine whether contractors are complying with the requirements of the **ISM** and such additional security requirements as may be provided for by individual contracts. It is the vehicle by which the industrial security representative documents the scope **and** results of an inspection. One or more narrative pages will be attached to the **DD** Form 696 depending on the scope of a given inspection. The "Remarks" section of the **DD** Form 696 will include as a minimum:

a. a general description of any changes in business activity **or** organization/ownership of the facility which could impact on the ability of the facility to perform classified activities,

b. a completely detailed description of any deficiencies observed, and an equally detailed description of corrective action taken,

c* a detailed description of the action taken to **correct** any deficiencies which were unresolved at the completion of the previous inspection,

d. a description of any unusual or unique **facets** of the facility's security program, and

e. a complete discussion of any question or other area that merits a narrative. (NOTE: . "Generally a narrative **is not** required for questions answered in the affirmative.)

9-204.1 Guideline Questions for Industrial Security Inspections (DD Form 696). Appendix XIII, ISM, provides a listing of **guideline** questions designed to be used in conjunction with the **DD** Form 696. The questions are not considered to be a **part** of the **DD** Form 696. Each question should lead the industrial security representative to more detailed questions **not** contained in the listing in order to ensure complete coverage of **all** aspects of a given **point**.

9-204.2 Explanation of DD Form 696 Items. An explanation of pertinent administrative items on the **DD** Form 696 is as follows.

a. Item 1. "Name of Facility" -- insert the name of the facility inspected.

b. Item 5. "Facility Clearance Level" -- insert level of facility clearance as follows:

T - TOP SECRET
s - SECRET
C - confidential

c. Item 5b: "Category of Facility" -- is a scoring **system** in accordance with procedures established in the **DIS** "Industrial Security Operating Manual" (**ISOM**) (reference (**aaa**)).

d. Item 7. "Type of Business" -- indicates whether manufacturing, research and development, graphic **arts**, consultant, or other type of business.

e. Item 15. . "Scope of Inspection" -- regularly scheduled DIS inspections and initial inspections must always be **complete**, in-depth efforts. Accordingly, partial inspections are prohibited, except as provided for in reference (**aaa**).

f. Item 15b. ".Results of Inspection" -- the following is an explanation of the abbreviations used.

(1) **No Def** -- no deficiencies

(2) **Cos** -- deficiencies are corrected on the spot.

(3) **LOR** -- letter of requirements which **is sent** to the contractor as a report on the results of the inspection.

(4) **Major** -- identifies major **deficiency(ies)** at the facility.

g. Item 16a. Identify in item 20 specifics regarding any evidence of FOCI.

h. Item 16c. If counterintelligence awareness briefings have been given, as required by paragraph 5f, **ISM, identify** in item 20 the government activity that conducted the briefing, date held, and number of employees (including **OODEPS**) in attendance. Similar information is to be provided for a briefing by the FSO or designee.

i. item 19. "Other DoD Programs" -- the following is an explanation of the abbreviation used:

(1) AA&E -- arms, ammunition, and explosives

(2) DIFPP -- Defense Industrial Facilities Protection Program

9-204.3 General Note for Personnel Processing This Report. Items marked with an asterisk (*) have been registered in the DoD Data Element Program. Data elements and coding must be as indicated **in** the instructions. In cases where specific coding instructions are not provided, reference must be **made** to the "Department of Defense Manual for Standard Data Elements," DoD 5000.12-M (reference (**bbb**)). Noncompliance with either the coding instructions contained herein or those registered in the DoD Data Element Program will make the organization which fails to comply responsible for the required concession in data base communication. Cost of data conversions **will** be borne by the manager whose category of data elements lack precedence. Items:

- a. *1. Address of Facility
- b. *1a. Federal Supply Code Number (**FSC** No.)
- c. *2. Address of Home Office
- d. *3. Address of Parent Holding Company
- e. *4. Name of Facility Security Supervisor
- f. *5. Facility Clearance Level
- g. *5a. Clearance Date
- h. *5b. Category of Facility
- i. *6. Dates of Inspection
- j. *9. Access to Classified Material Last Inspection
Date of Facility **Clearance**

- k. *15. Scope of Inspection
- l. *15a. Inspection **Rating Assigned**
- m. *15b. Results of Inspection
- n. *16. Elements of Inspection and Ratings Assigned
- o. *17. Safeguarding Ability
- p. *21. Name of security **Specialist(s)**
- q. *22. **Nema** of Reviewing Official Date of Review

SAMPLE

FOR OFFICIAL USE ONLY (When filled in)

INDUSTRIAL SECURITY INSPECTION REPORT				DATE PREPARED (Year, Month, Day)		FORM APPROVED OMB no. 0704-0014 EXP. DATE: OCT 1986	
1. NAME OF FACILITY		2. NAME OF HOME OFFICE (Multiple Facility Organization)		3. NAME OF PARENT HOLDING COMPANY (Parent-Subsidiary Organization)			
ADDRESS OF FACILITY (Street, City, State, Zip Code)		ADDRESS OF HOME OFFICE (Street, City, State, Zip Code)		ADDRESS OF PARENT HOLDING COMPANY (Street, City, State, Zip Code)			
FSC NO.		NAME OF FACILITY SECURITY SUPERVISOR 4a. TEL. NO. (Include area code)		FACILITY CLEARANCE 5a. CLEARANCE DATE (Yr, Mo., Day)			
CATEGORY OF FACILITY	6. DATES OF INSPECTION → (Yr., Mo., Day)	7. PREVIOUS	8. CURRENT	9. NEXT	7. TYPE OF BUSINESS		
TIME EXPENDED (In Hours)				9. ACCESS TO CLASSIFIED MATERIAL SINCE LAST INSPECTION		YES	NO
TRAVEL	RESEARCH AND PREPARATION	INSPECTION	POST INSPECTION (Report, letter, etc.)				
				POSSESSING			
				ACCESS ELSEWHERE			
				GRAPHIC ARTS			
TOTAL NUMBER OF EMPLOYEES	11. NUMBER OF U. S. EMPLOYEES CLEARED			NO ACCESS (Dormant)			
	11a. TOP SECRET	11b. SECRET	11c. CONFIDENTIAL	NO ACCESS (Home Office)			
				NO ACCESS (Parent)			
12. NUMBER OF IMMIGRANT ALIENS CLEARED		13. SPECIFY NUMBER AND COUNTRY REPRESENTED BY EMPLOYEES GRANTED RECIPROCAL CLEARANCES.					
NUMBER OF ALIENS		SECRET		CONFIDENTIAL			
1. SCOPE OF INSPECTION <input type="checkbox"/> COMPLETE <input checked="" type="checkbox"/> PARTIAL		15a. INSPECTION RATING ASSIGNED <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY		15b. RESULTS OF INSPECTION <input type="checkbox"/> NO DEF <input type="checkbox"/> COS <input type="checkbox"/> LOR <input type="checkbox"/> MAJOR			
ELEMENTS OF INFECTIO AND RATINGS ASSIGNED 1/ (S - Satisfactory, U - Unsatisfactory, ISA - Not Applicable)				17. SAFEGUARDING ABILITY 1/ (Top Secret, Secret, Confidential or None)			
LPMA CODE	AREAS INSPECTED		RATINGS	REVISOR RATING		18. APPROVED STORAGE FACILITIES	
A	FACILITY CLEARANCE					NUMBER	
B	ACCESS AUTHORIZATIONS						
C	SECURITY EDUCATION						
D	STANDARD RACTICC - C KDUn CS					a. FSB CABINETS	
E	SUBCONTRACTING					h. VAULTS	
F	VISIT CONTROL					(1) CLASS A	
G	CLASSIFICATION					(2) CLASS B	
H	EMPLOYEE IDENTIFICATION					(3) CLASS C	
I	FOREIGN TRAVEL					c. OTHER VAULTS	
J	PUBLIC RELEASES					d. STRONGROOMS	
K	CLASSIFIED STORAGE					e. CABINET WITH 0 UIL7-IN COMBINATION LOCK	
L	MARKINGS					1. CABINET WITH 0 hm AND 0 ADLOCK	
M	TRANSMISSION					g. DESK 0 CDEBTAL INSERT	
N	CLASSIFIED MATERIAL CONTROLS					h. 0 cm Tnl CTCD AREAS	
O	CONTROLLED AREAS					1. CLOSED AREAS	
P	DISPOSITION					19. OTHER 000 0 ROGRAMS	
Q	REPRODUCTION					<input type="checkbox"/> AABE <input type="checkbox"/> 0, ... <input type="checkbox"/> OTHER (List)	
R	CLASSIFIED MEETINGS						
S	CONSULTANTS						
T	ADP						
U	COMSEC/CRYPTO						
V	INTERNATIONAL OPERATIONS						
1/ A narrative type report which supports the entries in Items 15, 16, and 17 shall be accomplished by using the "Remarks" block on reverse side and if necessary, continue on a separate sheet of paper and attach to this report. The narrative report should be formatted to include the Alpha Code for the area.							

SAMPLE

<p>D. REMARKS (include deficiencies noted during inspection. Show specific deficiency, applicable ISM requirement and action taken, if any, to correct deficiencies before termination of inspection. Also indicate corrective action taken on previous deficiencies. In addition, a statement giving an evaluation of the contractor's security posture in relation to facilities of similar nature and size. Outstanding features should be noted, i.e. training program, document control etc. If none, so state. Include names and titles of key personnel interviewed during inspection. Indicate specific locations (covered by a single facility clearance) that were inspected. Continue on a separate sheet of paper when necessary.</p>		
<p>1. NAME(S) OF SECURITY SPECIALIST(S) (Typed or Print) (Last, First, MI)</p> <p>_____</p> <p>_____</p>	<p>SIGNATURE(S) OF SECURITY SPECIALIST(S)</p> <p>_____</p> <p>_____</p>	<p>TEAM INSPECTION</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>
<p>2. NAME OF REVIEWING OFFICIAL (Typed or Print) (Last, First, MI)</p>	<p>SIGNATURE OF REVIEWING OFFICIAL</p>	<p>DATE OF REVIEW (Yr. Mo. Day)</p>



9-206 "Industrial Security Survey/ Inspection Report (Commercial Carrier)" (DIS Form 1148). The purpose of part I of this report **is** to develop sufficient **facts and** to ensure submission of necessary documents to permit an **administra-** tive determination to grant or deny a security clearance to a commercial carrier. In addition, part I is utilized to develop information concerning changed conditions such as a change of address or reorganization. **Part I is** also to **be** used by the **CSO** in determining whether the **HOF** of the commercial carrier is subject to FOCI factors. The information in part I and attachments thereto is used as an aid to investigation in such cases. The purpose of part II of the report, when used in conjunction **with** an approved inspection checklist, **is** to provide for uniform and comprehensive security inspections of commercial carriers to determine compliance with the requirements of reference (b). (See paragraph 4-106 for additional information.)

9-206.1 Instructions for Completing **DIS** Form 1148.

a. Use "N/A" when an item is not applicable.

b. - Whenever part **I** is used, the original report with all attachments will **be** forwarded to DISCO. The **CSO will** retain a copy **in** its facility **file** folders. When part II is used, the CSO will **retain** a copy in the appropriate facility file folders, **in** order to have available the latest **informa-** tion pertaining to the security status of the facility. The information in part II is not intended for routine distribution; however, the CSO, on request, **shall** furnish advice as to the security status of the commercial carrier.

c* Items 1 through 5, 7 through 9, 11 through 17, - 22, 23, 25, and 26. Self-explanatory

d. Item 6. If this date predates the current **ISM**, explain in **narrative.**

e. Item 10. Include sufficient information **to** permit a **CSO** to reply readily to inquiries concerning safeguarding ability.

f. Item 18. Only applicable during an initial survey

g. Item 19. **Obtain** a copy of annual report to **stockholders**, if **available**, to assist in analysis of ownership and management.

h. Item 20. Specify in attachment the areas covered in the indoctrination of management with special emphasis on general and reporting requirements and completion of required government forms.

i. Item 21. Define the term "foreign interests" for the company officials and ensure that all aspects of company operation are explored to resolve the question of whether there is FOCI. Obtain a **DD** Form 441s from the commercial carrier.

j. Item 24. Do not include minor defects, corrected on the spot, in letters of requirements; however, such defects should be included in the narrative report with an appropriate explanation.

FOR OFFICIAL USE ONLY (when filled in)

INDUSTRIAL SECURITY SURVEY/INSPECTION REPORT (COMMERCIAL CARRIER)				DATE PREPARED		FORM APPROVED OMB 250. 6704-0127 EXP. DATE: MAY 1984	
1. NAME, ADDRESS & ZIP CODES OF FACILITY				2. NAME, ADDRESS & ZIP CODE OF HOME OFFICE (Multiple Facility Organization)		3. NAME, ADDRESS & ZIP CODE OF PARENT HOLDING COMPANY (Parent-Subsidiary Organization)	
4. NAME OF FACILITY SECURITY SUPERVISOR				Ac. TELEPHONE		5. TYPE OF BUSINESS	
6. BASIS OF STANDARD a. RACTICC b. ROCCOURCS		7. CLEARANCE a. LEVEL b. DATE		8. SECURITY EVALUATION IS <input type="checkbox"/> A71*PaeTonv <input type="checkbox"/> UNSATISFACTORY			
9. TIME EXPENDED (In Hours)				10. APCGUAROTNC ABILITY (State Briefly)			
TRAVEL		csc Amcw AND nCWA_AfIOM		SURVEY/INSPECTION		OS* INSPECTION (Report, letter, etc.)	
						DOCUMENTS	
						HARDWARE	
11. TOTAL NUMBER OF EMPLOYEES		12. NUMBER OF U.S. EMPLOYEES CLEARED a. TOP SECRET b. SECRET c. CONFIDENTIAL GOV'T COMPANY		13. NUMBER OF ALIENS		14. NUMBER OF ALIENS CLEARED a. TOP SECRET b. SECRET c. CONFIDENTIAL	
15. UNITED KINGDOM RECIPROCAL CLEARANCES		NUMBER OF EMPLOYEES GRANTED		b. CANADIAN RECIPROCAL CLEARANCES		c. OSE DETERMINATIONS	
PART I. SURVEY & (This part must be completed when conducting an initial survey or one required by changed conditions)							
16. TYPE OF SURVEY: <input type="checkbox"/> INITIAL <input type="checkbox"/> CHANGED CONDITION							
17. REASON FOR SURVEY TO INCLUDE IDENTITY OF REQUESTER OR ASIS FOR ACTION.							
18. HISTORY (Name and address changes for preceding ten years, type of business, organization structure, number of non-citizen employees).							
19. ANALYSIS OF OWNERSHIP AND MANAGEMENT (Attach list of OODEPs, indicate voting stock distribution and percent held by non-citizens and total number of directors constituting legal quorum).							
20. INDOCTRINATION OF MANAGEMENT.							
21. IS THERE FOREIGN OWNERSHIP CONTROL OR INFLUENCE (FOCI)? <input type="checkbox"/> YES <input type="checkbox"/> NO. (If YES, check the appropriate box below and describe contractor's plan to nullify foreign influence factors or notation that facility does not desire to submit to Im. Specify legal documentation required). <input type="checkbox"/> STOCK OWNERSHIP (Over 6%) <input type="checkbox"/> INTERLOCKING DIRECTORATES <input type="checkbox"/> AGREEMENTS OR JOINT VENTURES <input type="checkbox"/> CONTROL OR INFLUENCE OVER MANAGEMENT <input type="checkbox"/> FOREIGN OODEPs <input type="checkbox"/> INDEBTEDNESS <input type="checkbox"/> OTHER (Specify)							
PART II. INSPECTION 1/ (This part will be completed for recurring inspections)							
22. Rti-IMS@CCTION LANMING (Indicate -Iuu). 1. C.. DO FORM 254, ADMINISTRATIVE INQUIRIES, SPP, LAM OF INSPECTION.							
23. INSPECTION (Indicate scope, organizational I-*. areas or buildings covered. Select questions from inspection check list in DISM 31-4 which are applicable to facility. Cite deficiencies, paragraph of Industrial Security Manual and Standard Practice Procedures not complied with, corrective action necessary. Also indicate corrective action taken on previous deficiencies).							
24. POST INSPECTION (Identify management officials critiqued, deficiencies which should be included in letter of requirements, and degree of follow-up action required).							
PART III. CERTIFICATION							
1 CERTIFY that the entries made by me in Part I or II above and attached sheets are correct to the best of my knowledge and belief							
25. TYPE OR PRINTED NAME OF INDUSTRIAL SECURITY REPRESENTATIVE				25a. SIGNATURE OF INDUSTRIAL SECURITY REPRESENTATIVE			
26. DATES OF SURVEY/INSPECTION a. PREVIOUS b. CURRENT c. NEXT							
1/ A narrative type report which contains the elements of information requested, shall be attached to and made a part of this report							